Essroc San Juan
Italcementi Group

P.O. Box 366698
San Juan, P. R. 00936-6698

Tel. 1-787-721-5878
Fax. 1-787-883-5747

January 30, 2014 ~~April 30~~ ← S

Lantner:
Cover Letter date is wrong
should have read April 30, 2014

Chief, Environmental Enforcement Section
U.S. Department of Justice
Box 7611 Ben Franklin Station
Washington, D.C. 20044-7611

Chief, Compliance Section
Water Compliance Branch
U.S. Environmental Protection Agency
Region 2
290 Broadway, 20th Floor
New York, New York 10007-1866

Re: US v. ESSROC San Juan Inc.
DOJ No. 90-5-2-1-08412

To whom it may concern:

This document constitutes the quarterly report required in the Consent Decree (CD) of May 4, 2010 in the matter of reference. Listed below is the progress report covering the activities completed from January 1, 2014 and of through March 31, 2014.

1. Section III Lagoon Enhancement System Installation and Operation
    a. Attachment I - Routine Inspections (Monthly)
    b. Lagoon Enhancement Maintenance performed in January 2014
        i. Excessive vegetation and debris, such as leaves, accumulated in each gabion were removed.
        ii. Solids accumulated in the gabion box that is located around the drainage valve from pond #1 were removed.

2. Section IV Coliform and Other Clean Water Act Effluent Controls

a. Name of the firm used to transport and dispose of sanitary wastewater:
    i. Limpieza de Pozos Gonzalez
b. Name of the wastewater treatment plant at which the facility's sanitary wastewater is delivered for treatment:
    i. Puerto Rico Aqueduct and Sewer Authority–Barceloneta Regional Treatment Plant
c. Approximately Amount in gallons of the sanitary wastewater removed from the facility during the reporting period was approximately:
    i. 45,000

3. Section V Storm Water Permit Monitoring (MSGP)
    a. Reports Required by the MSGP 2008 are contained in:
        i. Attachment II: Routine Inspections (Monthly)
        ii. Attachment III: Visual Monitoring (Monthly)
        iii. Attachment IV: Benchmark Monitoring (Monthly)
4. Discharge Monitoring Reporting
    a. Attachment VI : Discharge Monitoring Reports

We take the opportunity in this quarterly respectfully reiterates its request for the closure of the Consent Decree.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Cordially,

Jose Uriol
General Manager an

Lagoon Enhancement - Routine Inspection Report

General Information			
Facility Name	ESSROC SAN JUAN – ITALCEMENTI GROUP		
NPDES Tracking No.			
Date of Inspection	1/7/2014	**Start/End Time**	1100 - 1145
Inspector's Name(s)	BEATRIZ RIVERA		
Inspector's Title(s)	ENVIRONMENTAL ENGINEER		
Inspector's Contact Information	BEATRIZ.RIVERA@ESSROC.COM		
Inspector's Qualifications	EIT		

Weather Information

Weather at time of this inspection?
☐ Clear ☐ Cloudy ☑ Rain ☐ Sleet ☐ Fog ☐ High Winds ☐ Other:
Temperature:

Have any previously unidentified discharges of pollutants occurred since the last inspection? ☐ Yes ☐ No
If yes, describe:

Are there any discharges occurring at the time of inspection? ☐ Yes ☐ No
If yes, describe based on the information below:

Color ☑ None ☐ Other (describe):

Odor ☑ None ☐ Musty ☐ Sewage ☐ Sulfur ☐ Sour ☐ Petroleum/Gas _____
☑ Solvents ☐ Other (describe):

Clarity ☑ Clear ☐ Slightly Cloudy ☐ Cloudy ☐ Opaque ☐ Other (describe):

Floating Solids ☑ No ☐ Yes (describe):

Suspended Solids ☑ No ☐ Yes (describe):

Foam ☑ No ☐ Yes (describe):

Oil Sheen ☑ None ☐ Flecks ☐ Globs ☐ Sheen ☐ Slick ☐ Other (describe):

Other Indicators of Stormwater Pollution ☐ No ☐ Yes (describe):

Control Measures

- *Number the structural stormwater control.*
- *Describe corrective actions initiated, date completed, and note the person that completed the work in the Corrective Action Log.*

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement)
1	**Ponds #1 Discharge point to Channel**	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
2	**Channel structure (Stabilization)**	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
3	**Gabions**			
	G-1	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
	G-2	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
	G-3	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
	G-4	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
	G-5	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement)
	G-6	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
	G-7	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
	G-8	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
	G-9	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
	G-10	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
	G-11	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
	G-12	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
	G-13	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
	G-14	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	

Non-Compliance

Describe any incidents of non-compliance observed and not described above:

Notes

Use this space for any additional notes or observations from the inspection:

CERTIFICATION STATEMENT

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Print name and title: BEATRIZ RIVERA / ENVIRONMENTAL ENGINEER

Signature: 11/7/2014

Lagoon Enhancement - Routine Inspection Report

General Information			
Facility Name	ESSROC SAN JUAN – ITALCEMENTI GROUP		
NPDES Tracking No.			
Date of Inspection	2/10/14	**Start/End Time**	2:00 - 2:45
Inspector's Name(s)	BEATRIZ RIVERA		
Inspector's Title(s)	ENVIRONMENTAL ENGINEER		
Inspector's Contact Information	BEATRIZ.RIVERA@ESSROC.COM		
Inspector's Qualifications	EIT		

Weather Information

Weather at time of this inspection?
☐ Clear ☑ Cloudy ☐ Rain ☐ Sleet ☐ Fog ☐ High Winds ☐ Other:
Temperature:

Have any previously unidentified discharges of pollutants occurred since the last inspection? ☐Yes ☐No
If yes, describe:

Are there any discharges occurring at the time of inspection? ☑Yes ☐No
If yes, describe based on the information below:

Color ☑ None ☐ Other (describe):

Odor ☑ None ☐ Musty ☐ Sewage ☐ Sulfur ☐ Sour ☐ Petroleum/Gas ☐ Solvents ☐ Other (describe):

Clarity ☑ Clear ☐ Slightly Cloudy ☐ Cloudy ☐ Opaque ☐ Other (describe):

Floating Solids ☑ No ☐ Yes (describe):

Suspended Solids ☑ No ☐ Yes (describe):

Foam ☑ No ☐ Yes (describe):

Oil Sheen ☑ None ☐ Flecks ☐ Globs ☐ Sheen ☐ Slick ☐ Other (describe):

Other Indicators of Stormwater Pollution ☐ No ☐ Yes (describe):

Control Measures

- *Number the structural stormwater control.*
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	G-2	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
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	G-4	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
	G-5	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	

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	G-8	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
	G-9	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
	G-10	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
	G-11	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
	G-12	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
	G-13	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
	G-14	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	

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Print name and title: BEATRIZ RIVERA / ENVIRONMENTAL ENGINEER

Signature: 2/18/14

Lagoon Enhancement - Routine Inspection Report

General Information			
Facility Name	ESSROC SAN JUAN – ITALCEMENTI GROUP		
NPDES Tracking No.			
Date of Inspection	3/7/11	**Start/End Time**	1000 – 1030
Inspector's Name(s)	BEATRIZ RIVERA		
Inspector's Title(s)	ENVIRONMENTAL ENGINEER		
Inspector's Contact Information	BEATRIZ.RIVERA@ESSROC.COM		
Inspector's Qualifications	EIT		

Weather Information

Weather at time of this inspection?
☑ Clear ☐ Cloudy ☐ Rain ☐ Sleet ☐ Fog ☐ High Winds ☐ Other:
Temperature:

Have any previously unidentified discharges of pollutants occurred since the last inspection? ☐ Yes ☐ No
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Are there any discharges occurring at the time of inspection? ☐ Yes ☑ No
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Odor ☑ None ☐ Musty ☐ Sewage ☐ Sulfur ☐ Sour ☐ Petroleum/Gas ☑ Solvents ☐ Other (describe):

Clarity ☑ Clear ☐ Slightly Cloudy ☐ Cloudy ☐ Opaque ☐ Other (describe):

Floating Solids ☑ No ☐ Yes (describe):

Suspended Solids ☑ No ☐ Yes (describe):

Foam ☑ No ☐ Yes (describe):

Oil Sheen ☑ None ☐ Flecks ☐ Globs ☐ Sheen ☐ Slick ☐ Other (describe):

Other Indicators of Stormwater Pollution ☐ No ☐ Yes (describe):

Control Measures

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	G-1	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
	G-2	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
	G-3	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
	G-4	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
	G-5	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement)
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	G-7	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
	G-8	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
	G-9	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
	G-10	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
	G-11	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
	G-12	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
	G-13	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	
	G-14	☑Yes ☐No	☐ Maintenance ☐ Repair ☐ Replacement	

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Print name and title: BEATRIZ RIVERA / ENVIRONMENTAL ENGINEER

Signature: [signature] 3/7/14

Stormwater Industrial Routine Facility Inspection Report

General Information			
Facility Name	ESSROC SAN JUAN – ITALCEMENTI GROUP		
NPDES Tracking No.	PRR05B189		
Date of Inspection	11/7/2014	Start/End Time	130 / 215
Inspector's Name(s)	Beatriz L. Neta		
Inspector's Title(s)	Environmental Engineer		
Inspector's Contact Information			
Inspector's Qualifications			

Weather Information

Weather at time of this inspection?
☐ Clear ☐ Cloudy ☑ Rain ☐ Fog ☐ High Winds ☐ Other:
Temperature:

Have any previously unidentified discharges of pollutants occurred since the last inspection?
☑ No ☐ Yes **If yes, describe:**

Are there any discharges occurring at the time of inspection? ☐ No ☑ Yes
If yes, describe:

Control Measures

- *Number the structural stormwater control measures identified in your SWPPP on your site map and list them below (add as many control measures as are implemented on-site). Carry a copy of the numbered site map with you during your inspections. This list will ensure that you are inspecting all required control measures at your facility.*
- *Describe corrective actions initiated, date completed, and note the person that completed the work in the Corrective Action Log.*

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement)
Quarry Area No. 6				
1	Rock Berm a	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
2	Rock Berm b	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
3	Detention Pond L1	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
4	Outfall DP 001	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement)
Quarry Area No. 5				
5	Rock Berm c	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
6	Rock Berm d	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
7	Rock Berm e	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
8	Rock Berm f	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
9	Rock Berm g	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
10	Detention Pond L2	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
11	Detention Pond L3	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
12	Detention Pond L4	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
13	Outfall DP 002	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	

Areas of Industrial Materials or Activities exposed to stormwater

Below are some general areas that should be assessed during routine inspections.

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes
1	Crusher area	☑ Yes ☐ No ☐ N/A	☐ Yes ☐ No	
2	Dredging disposal area	☑ Yes ☐ No ☐ N/A	☐ Yes ☐ No	

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes
5	Equipment operations	☑ Yes ☐ No ☐ N/A	☐ Yes ☐ No	

Non-Compliance

Describe any incidents of non-compliance observed and not described above:

Additional Control Measures

Describe any additional control measures needed to comply with the permit requirements:

Notes

Use this space for any additional notes or observations from the inspection:

CERTIFICATION STATEMENT

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Print name and title: Beatriz Rivera

Signature: _____ **Date:** 1/7/4

Stormwater Industrial Routine Facility Inspection Report

General Information			
Facility Name	ESSROC SAN JUAN – ITALCEMENTI GROUP		
NPDES Tracking No.	PRR05B189		
Date of Inspection	2/18/14	**Start/End Time**	/
Inspector's Name(s)	Beatriz Rivera		
Inspector's Title(s)	Env Engineer		
Inspector's Contact Information			
Inspector's Qualifications			

Weather Information

Weather at time of this inspection?
☐ Clear ☑ Cloudy ☐ Rain ☐ Fog ☐ High Winds ☐ Other:
Temperature:

Have any previously unidentified discharges of pollutants occurred since the last inspection?
☑ No ☐ Yes **If yes, describe:**

Are there any discharges occurring at the time of inspection? ☐ No ☑ Yes
If yes, describe:

Control Measures

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Quarry Area No. 6				
1	Rock Berm a	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
2	Rock Berm b	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
3	Detention Pond L1	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
4	Outfall DP 001	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	

	Structural Control Measure	Control Measure is Operating Effectively?	If No, In Need of Maintenance, Repair, or Replacement?	Corrective Action Needed and Notes (identify needed maintenance and repairs, or any failed control measures that need replacement)
Quarry Area No. 5				
5	Rock Berm c	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
6	Rock Berm d	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
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8	Rock Berm f	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
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11	Detention Pond L3	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
12	Detention Pond L4	☑ Yes ☐ No	☐ Maintenance ☐ Repair ☐ Replacement	
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Non-Compliance

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Print name and title: Beatriz Lizarraga

Signature: [signature] **Date:** 2/18/14

Stormwater Industrial Routine Facility Inspection Report

General Information			
Facility Name	ESSROC SAN JUAN – ITALCEMENTI GROUP		
NPDES Tracking No.	PRR05B189		
Date of Inspection	3/7/2014	**Start/End Time**	11:00 / 1130
Inspector's Name(s)	Beatriz Rivera		
Inspector's Title(s)	Environmental Engineer		
Inspector's Contact Information			
Inspector's Qualifications			

Weather Information

Weather at time of this inspection?
☐ Clear ☐ Cloudy ☑ Rain ☐ Fog ☐ High Winds ☐ Other:
Temperature:

Have any previously unidentified discharges of pollutants occurred since the last inspection?
☑ No ☐ Yes **If yes, describe:**

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	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes
1	Crusher area	☑ Yes ☐ No ☐ N/A	☐ Yes ☐ No	
2	Dredging disposal area	☑ Yes ☐ No ☐ N/A	☐ Yes ☐ No	

	Area/Activity	Inspected?	Controls Adequate (appropriate, effective, and operating)?	Corrective Action Needed and Notes
5	Equipment operations	☑ Yes ☐ No ☐ N/A	☐ Yes ☐ No	

Non-Compliance

Describe any incidents of non-compliance observed and not described above:

Additional Control Measures

Describe any additional control measures needed to comply with the permit requirements:

Notes

Use this space for any additional notes or observations from the inspection:

CERTIFICATION STATEMENT

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Print name and title: Beatriz Rivera

Signature: _____ **Date:** 3/7/14

MSGP Quarterly Visual Assessment or Benchmark Monitoring Sampling Form

(Complete a separate form for each outfall you assess)

Name of Facility: Essroc San Juan Cement NPDES Tracking No.: PRR05B189

Outfall ID (mark only one): X DP001 ___ DP002 Event Date: 1/7/2014

Person(s) collecting sample (Name/Title): Beatriz Rivera / Env Engineer

Person(s) examining sample (Name/Title): Beatriz Rivera / Env Engineer

Rain event start time: 10:30 Time Sample Collected: 1123 Time Sample Examined: 1220

Rain event end time: 11:20

Total rainfall (inches) in this event: 0.23in Time since previous measurable storm event (in days): _____

Previous Storm Ended > 72 hours Before Start of This Storm? ☐ Yes ☒ No* (explain):

Substitute Sample? ☑ No ☐ Yes _____ (identify quarter/year when sample was originally schedule to be collected)

Parameters

Color ☑ None ☐ Other (describe): _____

Odor ☑ None ☐ Musty ☐ Sewage ☐ Sulfur ☐ Sour ☐ Petroleum/Gas ☐ Solvents
☐ Other (describe): _____

Clarity ☑ Clear ☐ Slightly Cloudy ☐ Cloudy ☐ Opaque ☐ Other (describe): _____

Floating Solids ☑ No ☐ Yes (describe): _____

Settled Solids** ☑ No ☐ Yes (describe): _____

Suspended Solids ☑ No ☐ Yes (describe): _____

Foam (gently shake sample) ☐ No ☐ Yes (describe): _____

Oil Sheen ☑ None ☐ Flecks ☐ Globs ☐ Sheen ☐ Slick ☐ Other (describe): _____

Other Obvious Indicators of Stormwater Pollution ☑ No ☐ Yes (describe): _____

* The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period.

** Observe for settled solids after allowing the sample to sit for approximately 30 minutes.

Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).

Certification by Facility Responsible Official (Refer to MSGP Subpart 11 Appendix B for Signatory Requirements)

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name: Beatriz Rivera B. Title: Environmental Engineer

C. Signature: Beatriz Rivera D. Date Signed: 1/7/14

MSGP Quarterly Visual Assessment or Benchmark Monitoring Sampling Form

(Complete a separate form for each outfall you assess)

Name of Facility: Essroc San Juan Cement NPDES Tracking No.: PRR05B189

Outfall ID (mark only one): ___ DP001 X DP002 Event Date: _____

Person(s) collecting sample (Name/Title): Beatriz Rivera / Env Engineer

Person(s) examining sample (Name/Title): Beatriz Rivera / Env Engineer

Rain event start time: 10:30 Time Sample Collected: 1123 Time Sample Examined: 1220

Rain event end time: 11:20

Total rainfall (inches) in this event: 0.23in Time since previous measurable storm event (in days): _____

Previous Storm Ended > 72 hours Before Start of This Storm? ☐ Yes ☒ No* (explain):

Substitute Sample? ☒ No ☐ Yes _____ (identify quarter/year when sample was originally schedule to be collected)

Parameters

Color ☒ None ☐ Other (describe): _____

Odor ☒ None ☐ Musty ☐ Sewage ☐ Sulfur ☐ Sour ☐ Petroleum/Gas ☐ Solvents ☐ Other (describe): _____

Clarity ☒ Clear ☐ Slightly Cloudy ☐ Cloudy ☐ Opaque ☐ Other (describe): _____

Floating Solids ☒ No ☐ Yes (describe): _____

Settled Solids** ☒ No ☐ Yes (describe): _____

Suspended Solids ☒ No ☐ Yes (describe): _____

Foam (gently shake sample) ☒ No ☐ Yes (describe): _____

Oil Sheen ☒ None ☐ Flecks ☐ Globs ☐ Sheen ☐ Slick ☐ Other (describe): _____

Other Obvious Indicators of Stormwater Pollution ☐ No ☐ Yes (describe): _____

* The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period.

** Observe for settled solids after allowing the sample to sit for approximately 30 minutes.

Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).

Certification by Facility Responsible Official (Refer to MSGP Subpart 11 Appendix B for Signatory Requirements)

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A. Name: Beatriz Rivera B. Title: Environmental Engineer

C. Signature: [signature] D. Date Signed: 1/7/14

MSGP Quarterly Visual Assessment or Benchmark Monitoring Sampling Form

(Complete a separate form for each outfall you assess)

Name of Facility: Essroc San Juan Cement NPDES Tracking No.: PRR05B189

Outfall ID (mark only one): X DP001 ___ DP002 Event Date: 2/18/14

Person(s) collecting sample (Name/Title): Beatriz Rivera / Env Engineer

Person(s) examining sample (Name/Title): ___ / ___

Rain event start time: 940 Time Sample Collected: 1135 Time Sample Examined: 132

Rain event end time: 1023

Total rainfall (inches) in this event: 0.14 Time since previous measurable storm event (in days): ___

Previous Storm Ended > 72 hours Before Start of This Storm? ☐ Yes ☐ No* (explain):

Substitute Sample? ☐ No ☐ Yes ___ (identify quarter/year when sample was originally schedule to be collected)

Parameters

Color ☒ None ☐ Other (describe): ___

Odor ☒ None ☐ Musty ☐ Sewage ☐ Sulfur ☐ Sour ☐ Petroleum/Gas ☐ Solvents ☐ Other (describe): ___

Clarity ☒ Clear ☐ Slightly Cloudy ☐ Cloudy ☐ Opaque ☐ Other (describe): ___

Floating Solids ☒ No ☐ Yes (describe): ___

Settled Solids** ☒ No ☐ Yes (describe): ___

Suspended Solids ☒ No ☐ Yes (describe): ___

Foam (gently shake sample) ☐ No ☐ Yes (describe): ___

Oil Sheen ☒ None ☐ Flecks ☐ Globs ☐ Sheen ☐ Slick ☐ Other (describe): ___

Other Obvious Indicators of Stormwater Pollution ☒ No ☐ Yes (describe): ___

* The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period.

** Observe for settled solids after allowing the sample to sit for approximately 30 minutes.

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A. Name: Beatriz Rivera B. Title: Env. Engineer

C. Signature: [signature] D. Date Signed: 2/18/14

MSGP Quarterly Visual Assessment or Benchmark Monitoring Sampling Form

(Complete a separate form for each outfall you assess)

Name of Facility: Essroc San Juan Cement NPDES Tracking No.: PRR05B189

Outfall ID (mark only one): ___ DP001 X DP002 Event Date: 2/18/14

Person(s) collecting sample (Name/Title): Beatriz Rivera / Env Engineer

Person(s) examining sample (Name/Title): _____ / _____

Rain event start time: 940 Time Sample Collected: 1130 Time Sample Examined: 132

Rain event end time: 1023

Total rainfall (inches) in this event: _____ Time since previous measurable storm event (in days): _____

Previous Storm Ended > 72 hours Before Start of This Storm? ☐ Yes ☐ No* (explain):

Substitute Sample? ☐ No ☐ Yes _____ (identify quarter/year when sample was originally schedule to be collected)

Parameters

Color ☑ None ☐ Other (describe): _____

Odor ☑ None ☐ Musty ☐ Sewage ☐ Sulfur ☐ Sour ☐ Petroleum/Gas ☐ Solvents ☐ Other (describe): _____

Clarity ☑ Clear ☐ Slightly Cloudy ☐ Cloudy ☐ Opaque ☐ Other (describe): _____

Floating Solids ☑ No ☐ Yes (describe): _____

Settled Solids** ☑ No ☐ Yes (describe): _____

Suspended Solids ☑ No ☐ Yes (describe): _____

Foam (gently shake sample) ☑ No ☐ Yes (describe): _____

Oil Sheen ☑ None ☐ Flecks ☐ Globs ☐ Sheen ☐ Slick ☐ Other (describe): _____

Other Obvious Indicators of Stormwater Pollution ☐ No ☐ Yes (describe): _____

* The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period.

** Observe for settled solids after allowing the sample to sit for approximately 30 minutes.

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A. Name: Beatriz Rivera B. Title: Env Engineer

C. Signature: Beatriz R D. Date Signed: 2/18/14

MSGP Quarterly Visual Assessment or Benchmark Monitoring Sampling Form

(Complete a separate form for each outfall you assess)

Name of Facility: Essroc San Juan Cement NPDES Tracking No.: PRR05B189

Outfall ID (mark only one): X DP001 ___ DP002 Event Date: 3/7/14

Person(s) collecting sample (Name/Title): Beatriz Rivera / Env Engineer

Person(s) examining sample (Name/Title): _____ / _____

Rain event start time: 0 Time Sample Collected: None Time Sample Examined: Non

Rain event end time: 0

Total rainfall (inches) in this event: 0 Time since previous measurable storm event (in days): _____

Previous Storm Ended > 72 hours Before Start of This Storm? ☐ Yes ☐ No* (explain):

Substitute Sample? ☐ No ☐ Yes _____ (identify quarter/year when sample was originally schedule to be collected)

Parameters

Color ☐ None ☐ Other (describe): _____.

Odor ☐ None ☐ Musty ☐ Sewage ☐ Sulfur ☐ Sour ☐ Petroleum/Gas ☐ Solvents ☐ Other (describe): _____.

Clarity ☐ Clear ☐ Slightly Cloudy ☐ Cloudy ☒ Opaque ☐ Other (describe): _____.

Floating Solids ☐ No ☐ Yes (describe): _____.

Settled Solids** ☐ No ☐ Yes (describe): _____.

Suspended Solids ☐ No ☐ Yes (describe): _____.

Foam (gently shake sample) ☐ No ☒ Yes (describe): _____.

Oil Sheen ☐ None ☐ Flecks ☒ Globs ☐ Sheen ☐ Slick ☐ Other (describe): _____.

Other Obvious Indicators of Stormwater Pollution ☐ No ☐ Yes (describe): _____.

* The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period.

** Observe for settled solids after allowing the sample to sit for approximately 30 minutes.

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A. Name: Beatriz Rivera B. Title: Env Engineer

C. Signature: [signature] D. Date Signed: 3/7/14

MSGP Quarterly Visual Assessment or Benchmark Monitoring Sampling Form

(Complete a separate form for each outfall you assess)

Name of Facility: Essroc San Juan Cement NPDES Tracking No.: PRR05B189

Outfall ID (mark only one): ___ DP001 X DP002 Event Date: 3/7/14

Person(s) collecting sample (Name/Title): Beatriz Rivera / Env Engineer

Person(s) examining sample (Name/Title): _____ / _____

Rain event start time: Ø Time Sample Collected: _____ Time Sample Examined: _____

Rain event end time: Ø

Total rainfall (inches) in this event: Ø Time since previous measurable storm event (in days): _____

Previous Storm Ended > 72 hours Before Start of This Storm? ☐ Yes ☐ No* (explain):

Substitute Sample? ☐ No ☐ Yes _____ (identify quarter/year when sample was originally schedule to be collected)

Parameters

Color ☐ None ☐ Other (describe): _____.

Odor ☐ None ☐ Musty ☐ Sewage ☐ Sulfur ☐ Sour ☐ Petroleum/Gas ☐ Solvents
☐ Other (describe): _____.

Clarity ☐ Clear ☐ Slightly Cloudy ☐ Cloudy ☐ Opaque ☐ Other (describe): _____.

Floating Solids ☐ No ☐ Yes (describe): _____.

Settled Solids** ☐ No ☐ Yes (describe): _____.

Suspended Solids ☐ No ☐ Yes (describe): _____.

Foam (gently shake sample) ☐ No ☐ Yes (describe): _____.

Oil Sheen ☐ None ☐ Flecks ☐ Globs ☐ Sheen ☐ Slick ☐ Other (describe): _____.

Other Obvious Indicators of Stormwater Pollution ☐ No ☐ Yes (describe): _____.

* The 72-hour interval can be waived when the previous storm did not yield a measurable discharge or if you are able to document (attach applicable documentation) that less than a 72-hour interval is representative of local storm events during the sampling period.

** Observe for settled solids after allowing the sample to sit for approximately 30 minutes.

Detail any concerns, additional comments, descriptions of pictures taken, and any corrective actions taken below (attach additional sheets as necessary).

Certification by Facility Responsible Official (Refer to MSGP Subpart 11 Appendix B for Signatory Requirements)

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A. Name: Beatriz Rivera B. Title: Env Engineer

C. Signature: [signature] D. Date Signed: 3/7/14

Sanco Laboratories, Inc.
Quality and Reliability Since 1975

January 20, 2014

Beatriz Rivera
Essroc San Juan, Inc.
P.O. Box 366698
San Juan, PR 00936-6698

LABORATORY REPORT

Project ID : 140107P003
Project Description : MSGP
Permit Number: PR0001163

Customer ID : 353

Sample(s) Submitted By : Essroc San Juan, Inc.
Sampled By : Sanco Laboratories, Inc.
Sample(s) Log Number : 140107P003 to 140107P004

Date Received : 1/7/2014
Date Collected : 1/7/2014

Log Number	Description	Parameter	Sample Type	Method	Units	Limit	Result	Date Analyzed	Analyst
140107P003	P-001	pH	G	SM 4500-H+ B	Std. Units	---	7.79	1/7/2014	ga
		TSS	G	SM 2540 D	mg/L	---	8	1/13/2014	joi
140107P004	P-002	pH	G	SM 4500-H+ B	Std. Units	---	7.49	1/7/2014	ga
		TSS	G	SM 2540 D	mg/L	---	11	1/13/2014	joi

Revised by:

Lic. Enid Ortíz
Laboratory Supervisor

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Released by:

Heriberto Batíz, Ph.D.
Technical Director

Sanco Laboratories, Inc.
Quality and Reliability Since 1975

CHAIN OF CUSTODY RECORD

6165

Turnaround time: ✓ Regular 10 days
Rush Surcharges Apply ☐ Rush _____
Please provide prior notification. Date Required.

Client: Essroc San Juan | Client ID: 353 | Sampler's Name: Gilson Avillán | Quote No.: | Project ID:

Project Name: PR 0001163

Sampler's Signature: Gilson Avillán

Site Location: Dorado

Contact Person: Beatriz Rivera

Regulatory Agency: ☐ EQB ☐ PRASA ☐ DRNA ✓ EPA ○ RCRA ○ UST ✓ NPDES ☐ OTHER

Split Sample: ☐ Yes ✓ No

Composite Start: — | Composite End: —

Sample Class.: ☐ Compliance ☐ Repeat ☐ Special

Sample Type: Grab (G) Composite (C)

Matrix: Liquid (L) Solid (S) Gas(G) Sludge(Sd)

Remarks:

Field Analysis: pH _____ SU Temp. — °C
RC — mg/L DO — mg/L

Preservatives:
1 - H_2SO_4 9 - Asc. Acid
2 - HNO_3 10 - None
3 - NaOH 11 -
4 - ZnOAc 12-
(5) Cool 13 -
6 - HCl 14-
7 - $Na_2S_2O_3$
8. Filter Required

Comments: PH Temp.
P-001 - 7.79 23.5
P-002 - 7.49 24.3

Container Type:
a. 1L AMB Glass (G) e. 500mL Plastic j. 40mL VOA Vial
b. 1L Clear Glass f. 250mL AMB (G) k. 8 oz jar (G)
c. 1L Plastic (P) g. 250mL Plastic l. 4 oz jar (G)
d. 500mL AMB (G) (h.) 125mL Plastic m. 2 oz jar (G)
i. 120mL P Sterile n.

Sample Number	Sample Description	Sample Type	Matrix	Collection Date	Collection Time	Containers No.	Containers Type	Preserv.	Analysis ID
140107 P003	MSGP(P-001)	G	L	1/7/14	9:48	1	h	5	18
140107 P004	MSGP(P-002)	G	L	1/7/14	10:00	1	h	5	18

Analysis Identification Numbers

Al As Ag B Ba Be Ca Cd Co Cr Cu Fe Hg Li
K Mg Mn Mo Na Ni Pb Sn Sb Se Tl V Zn

1. Phenol	(18) TSS	35. Odor	42. BOD	65. PP 67. VOC's
2. Phenols (GC)	19. TDS	36. Taste	43. COD	66. TTO 68. SVOC's
3. T. Phosphorus	20. SS	37. TOC	44. Metals	T.Coli
4. o-phosphate	21. VSS	38. Chloride	45. Bromide	69. SM9221B MTF
5. Carbonate	22. TS	39. Fluoride	46. Iodide	70. SM9223 ○ P/A ○ QT
6. Bicarbonate	23. MBAS	40. Cr +3	47. Cyanide	E. Coli
7. Alkalinity	24. Nitrate	41. Cr +6	48. Assay	71. SM9223 ○ P/A ○ QT
8. Sulfate	25. Nitrite	49. RCI		HPC 72. SM9215B
9. Sulfide	26. NO_2NO_3	50. TCLP Metals		F.Coli 73. SM9221E MTF
10. Hardness	27. Silica	51. TCLP VOC		Misc.
11. Color ADMI	28. pH	52. TCLP SVOC		74. Viscosity
12. Color PtCO	29. Temp.	53. Full RCRA	59. Charact.	75. R. Acetaldehyde
13. Turbidity	30. RC	54. TPH GRO	60. Pesticides	76.
14. Conductivity	31. DO	55. TPH DRO	61. Herbicides	77.
15. Ammonia	32. TKN	56. TPH TRO	62. BTEX	78.
16. T. Nitrogen	33. Flash Pt.	57. TPH ORO	63. TAL	79.
17. NonPolar M.	34. O&G	58. PCB's	64. TCL	80.

Relinquised by:		Date: 1/7/14	Time: 11:23
Received by:		Date: 1/7/2014	Time: 11:23
Relinquised by:		Date: 1/7/2014	Time: 13:49
Received by:	Enid Ort	Date: 1/7/2014	Time: 13:55
Relinquised by:		Date:	Time:
Received by:		Date:	Time:

Laboratory Use Only
Arrival Temp.: 2.4 °C
Arrival Conditions: ✓ Good ○ Poor
Notes:

FORM: SL-279 Rev. 4

P.O. BOX 10359, Caparra Station, San Juan, Puerto Rico 00922 Tel. (787) 781-2094 · 782-2053 · Fax (787) 792-5821

Sanco Laboratories, Inc.
Quality and Reliability Since 1975

February 26, 2014

Beatriz Rivera
Essroc San Juan, Inc.
P.O. Box 366698
San Juan, PR 00936-6698

LABORATORY REPORT

Project ID : 140218Q004
Project Description : MSGP
Permit Number: PR0001163

Customer ID : 353

Sample(s) Submitted By : Essroc San Juan, Inc.
Sampled By : Sanco Laboratories, Inc.
Sample(s) Log Number : 140218Q004 to 140218Q005

Date Received : 2/18/2014
Date Collected : 2/18/2014

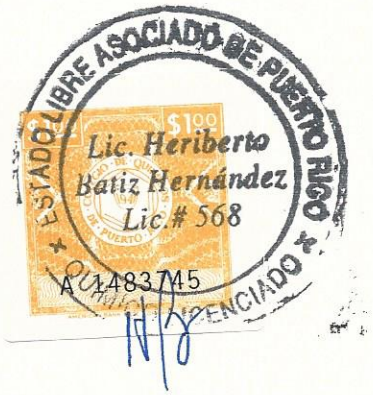
Log Number	Description	Parameter	Sample Type	Method	Units	Limit	Result	Date Analyzed	Analyst
140218Q004	P-001	pH	G	SM 4500-H+ B	Std. Units	---	7.25	2/18/2014	ga
		TSS	G	SM 2540 D	mg/L	---	6.0	2/21/2014	rvc
140218Q005	P-002	pH	G	SM 4500-H+ B	Std. Units	---	6.45	2/18/2014	ga
		TSS	G	SM 2540 D	mg/L	---	6.0	2/21/2014	rvc

Revised by:

Lic. Enid Ortíz
Laboratory Supervisor

Released by:

Heriberto Batíz, Ph.D.
Technical Director



6746

Sanco Laboratories, Inc.
Quality and Reliability Since 1975

CHAIN OF CUSTODY RECORD

Client: Essroc San Juan	Client ID: 353	Sampler's Name: Gilson Avillán	Quote No.:
Project Name: PR 0001163		Sampler's Signature: Gilson Avillán	
Site Location: Dorado		Contact Person: Beatriz Rivera	
Regulatory Agency: ☐ EQB ☐ PRASA ☐ DRNA ☑ EPA ○ RCRA ○ UST ☑ NPDES ☐ OTHER		Split Sample: ☐ Yes ☑ No	
Sample Class.: ☑ Compliance ☐ Repeat ☐ Special		Composite Start: —	Composite End: —
Sample Type: Grab (G) Composite (C)		Field Analysis: pH 7.25 SU	Temp. 26.3 °C
Matrix: Liquid (L) Solid (S) Gas(G) Sludge(Sd)		RC — mg/L	DO — mg/L
Remarks:			

Turnaround time: ☑ Regular 10 days
Rush Surcharges Apply ☐ Rush _____
Please provide prior notification. Date Required.

Project ID:

Preservatives:
1 - H_2SO_4 9 - Asc. Acid
2 - HNO_3 10 - None
3 - NaOH 11 -
4 - ZnOAc 12-
5 Cool 13 -
6 - HCl 14-
7 - $Na_2S_2O_3$
8. Filter Required

Comments: PH
P-001 - 7.25
P-002 - 6.45

Container Type:
a. 1L AMB Glass (G) e. 500mL Plastic j. 40mL VOA Vial
b. 1L Clear Glass f. 250mL AMB (G) k. 8 oz jar (G)
c. 1L Plastic (P) g. 250mL Plastic l. 4 oz jar (G)
d. 500mL AMB (G) h. 125mL Plastic m. 2 oz jar (G)
i. 120mL P Sterile n.

Sample Number	Sample Description	Sample Type	Matrix	Collection Date	Collection Time	Containers No.	Containers Type	Preserv.	Analysis ID
140218 Q014	MSGP(P-001)	G	L	2/18/14	10:35	1	h	5	18
140218 Q015	MSGP(P-002)	G	L	2/18/14	10:45	1	h	5	18

Analysis Identification Numbers

Al As Ag B Ba Be Ca Cd Co Cr Cu Fe Hg Li
K Mg Mn Mo Na Ni Pb Sn Sb Se Tl V Zn

1. Phenol	18. TSS	35. Odor	42. BOD	65. PP 67. VOC's
2. Phenols (GC)	19. TDS	36. Taste	43. COD	66. TTO 68. SVOC's
3. T. Phosphorus	20. SS	37. TOC	44. Metals	**T.Coli**
4. o-phosphate	21. VSS	38. Chloride	45. Bromide	69. SM9221B MTF
5. Carbonate	22. TS	39. Fluoride	46. Iodide	70. SM9223 ○ P/A ○ QT
6. Bicarbonate	23. MBAS	40. Cr +3	47. Cyanide	**E. Coli**
7. Alkalinity	24. Nitrate	41. Cr +6	48. Assay	71. SM9223 ○ P/A ○ QT
8. Sulfate	25. Nitrite	49. RCI		**HPC** 72. SM9215B
9. Sulfide	26. NO_2NO_3	50. TCLP Metals		**F.Coli** 73. SM9221E MTF
10. Hardness	27. Silica	51. TCLP VOC		**Misc.**
11. Color ADMI	28. pH	52. TCLP SVOC		74. Viscosity
12. Color PtCO	29. Temp.	53. Full RCRA	59. Charact.	75. R. Acetaldehyde
13. Turbidity	30. RC	54. TPH GRO	60. Pesticides	76.
14. Conductivity	31. DO	55. TPH DRO	61. Herbicides	77.
15. Ammonia	32. TKN	56. TPH TRO	62. BTEX	78.
16. T. Nitrogen	33. Flash Pt.	57. TPH ORO	63. TAL	79.
17. NonPolar M.	34. O&G	58. PCB's	64. TCL	80.

Relinquished by:	Date: 2/18/14	Time: 11:30
Received by: Gilson Avillán	Date: 2/18/14	Time: 11:30
Relinquished by: Gilson Avillán	Date: 2/18/2014	Time: 15:16
Received by: Edwin Ortiz	Date: 2/18/2014	Time: 15:30
Relinquished by:	Date:	Time:
Received by:	Date:	Time:

Laboratory Use Only
Arrival Temp.: 2.7 °C
Arrival Conditions: ○ Good ○ Poor
Notes:

P.O. BOX 10359, Caparra Station, San Juan, Puerto Rico 00922 Tel. (787) 781-2094 · 782-2053 · Fax (787) 792-5821